

# DENTAL PROVIDER ALERT

## PRE-AUTHORIZATION REQUIREMENTS FOR ASC AND OUTPATIENT HOSPITAL SERVICES

When an enrollee requires dental treatment in an Ambulatory Surgery Center (ASC) or Hospital setting, please follow these guidelines:

- ❖ The treating dentist must notify DentaQuest directly about the need for ASC or Hospital treatment.
- ❖ The treating dentist must submit a pre-authorization request for outpatient facility cases to our Short Procedure Unit (SPU) for review.  
Choose one of the following submission methods:
  - Provider Web Portal (Preferred Method): Log in to your DentaQuest provider account and submit electronically: [providers.dentaquest.com](https://providers.dentaquest.com)
  - Fax to Short Procedure Unit (SPU): Send to (262) 834-3575
  - Mail: DentaQuest: PO Box 2906, Milwaukee, WI 53201-2906
- ❖ The treating dentist must include required information and medical necessity documentation.

Check the status of your pre-authorization request through the provider portal or by contacting DentaQuest directly. Do not schedule a member to have services rendered at an ASC or Hospital until a pre-authorization is approved. For any questions or assistance, please contact DentaQuest Provider Services at [FloridaProviders@DentaQuest.com](mailto:FloridaProviders@DentaQuest.com) or 1-877-468-5581.

## Pre-Authorization Protocols and Standards for ASC/Hospital Treatments

The treating dentist should submit Code D9420 (Hospital or Ambulatory Surgical Center Call) for review under Medical Necessity. This code is appropriate for patients who:

1. Are developmentally disabled
2. Have mental illness
3. Are especially uncooperative or difficult to manage
4. Have experienced failed attempts at advanced behavior management techniques in traditional office settings

When submitting Code D9420, the dentist must provide comprehensive documentation supporting the medical necessity for treatment in a hospital or surgical center setting. This includes:

- ❁ Patient Information: Enrollee's full name, ID number, and age
- ❁ Treatment Details: Detailed treatment plan and completed ADA claim form, including number of teeth to be treated
- ❁ Patient's Comprehensive Dental Record: Health history, unique severe behavioral or medical conditions, teeth charting, existing oral conditions and/or complexity of treatment.
- ❁ Diagnostic Imaging: Diagnostic radiographs and caries-detecting intra-oral photographs (if applicable)
- ❁ Medical Necessity Narrative:
  - Detailed description justifying Operating Room use
  - Tentative date of service
  - Place of service (use full names, not initials or abbreviations)
  - Previous advanced behavior management techniques
  - Documented failed attempts at treatment in dental settings

**Special Circumstances:**

If a treatment plan cannot be submitted:

- Document in the narrative how a plan will be developed
- Provide a detailed explanation for why no treatment plan is being submitted
- Include a comprehensive narrative outlining medical necessity for treatment in an ambulatory surgical center or hospital facility setting

If unable to capture radiographs or clinical photos:

- Provide a unique and descriptive narrative regarding the member's oral health conditions
- Submit radiographs for prepayment review if services were conditionally approved

Code D9420 will be denied if no eligible services are approved or proposed.

Generally, not covered when billed with preventive and diagnostic procedures only.

Approval of D9420 requires at least one covered service for the member

Once D9420 is approved by DentaQuest, a separate pre-authorization is NOT required from the outpatient facility.